L21000232094

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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2022 MAR 31 PM 7: 52

SECRETARY OF STATE

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COVER LETTER

TO:

Tallahassee, FL 32314

	istration Se- ision of Cor				
SUBJECT:	D & I TR	UCK TRANSPORT LLC			•
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		LUIS A BRIDGES ROIG			
			Name of Person		
		D&I TRUCK TRANSPOR	RT LLC		
			Firm/Company		
		209 CHURCH ST S			
			Address		
		HAINES CITY, FL 33844			
		cdaylena@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual	report notification)	
For further in	iformation co	oncerning this matter, please c	all;		
LUIS A BRI	DGES ROIG	ĵ.		24753	
	Name of	f Person	at () Area Code	Daytime Teleph	none Number
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street A Registr	ddress: ation Section	
Div	rision of C	orporations	Divisio	n of Corporati	
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION 2022 MAR 31 PM 7: 52 OF

SECRETARY OF STATE TALLAHASSEE, FL

D&I TRUCK TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{05/19/2021}{}$	and assigned
Florida document number L21000232094		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records,	enter the name of the new registered
New Registered Office Address:		
	Enter Florida street	address
		, Florida Zip Code
N. D. L. L. G.	·	Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duti gent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign.	ature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
AMBR	Roberto I Avila Roig	209 Church St S	Haines City Fl 33844	■Add
		 		□ Remove
				Change
				□ Add
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E ffort	ive date, if other than the date of filing:
(If an eff Note:	ve date, if other than the date of filing:
ne recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Harch 26 2022
	Signature of a member or authorized representative of a member
	Luis A. Bridges Typed or printed name of signee

Filing Fee: \$25.00